

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/824323

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 10 minus 20 = | *            |
| INDEPENDENT CLAIMS  | 2 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

12.20.04

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

| AMENDMENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|-------------|---|-------|---|------------------|
|   | Total       | 10  | Minus | 20  | =                |
|   | Independent | 2   | Minus | 3   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X40=                |                        | OR | X80=                |                        |
| +135=               |                        | OR | +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|-------------|---|-------|---|------------------|
|   | Total       | *   | Minus | **  | =                |
|   | Independent | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X40=                |                        | OR | X80=                |                        |
| +135=               |                        | OR | +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|-------------|---|-------|---|------------------|
|   | Total       | *   | Minus | **  | =                |
|   | Independent | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X40=                |                        | OR | X80=                |                        |
| +135=               |                        | OR | +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Kurt E. Spears et al

Confirmation No.: 9408

Application No.: 09/824323

Examiner: Safaipoor, H

Filing Date: Apr 02, 2001

Group Art Unit: 2622

Title: Optical Image Scanner Using Pre-Scan And Post-Scan Compensation For Illumination Nonuniformity

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

In an Office Action mailed on 08/24/2004, on the above-identified U.S. Patent application, a shortened statutory period of 3 months was set for response. In accordance with 37 C.F.R. 1.138(a), applicant(s) hereby request(s) a:

- ☒ one month
- ☐ two months
- ☐ three months
- ☐ four months

time extension so that the period for response to the Office Action expires on 12/24/2004.

Authorization to charge the fee required by 37 CFR 1.17 to Deposit Account 08-2025 appears in the enclosed transmittal letter. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this paper is being transmitted  
to the Patent and Trademark Office facsimile  
number 17031 872 9306 on Dec. 20, 2004

Typed Name: Donna M Kraft

Signature: Donna M Kraft

Respectfully submitted,

Kurt E. Spears et al

By A. W. Winfield  
Augustus W Winfield  
Attorney/Agent for Applicant(s)  
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Date: Dec. 20, 2004

Telephone No.: 970 898 3142

Rev 10/04 (Ex-10/04)

PAGE 3/10 \* RCVD AT 12/28/2004 2:52:25 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-1/10 \* DNIS:8729306 \* CSID:970 898 7247 \* DURATION (mm-ss):02-30

03/18/2005

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\$120.00 12/20/2004

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